the towns is scarcely above subsistence-level. In most parts of the country the huts of the peasants, made of wattle or mud-brick or in parts of stone, contain nothing but the barest necessities; and the greater part of the population live on a diet of bread, olive-oil, milk and perhaps fruit and vegetables in season. Famine is rare, and has not occurred on a large scale since the First World War; but malnutrition is very widespread. On account of this and of the absence of sanitation and the scarcity of doctors in the country districts, the standard of health is also low. Malaria, typhoid, trachoma and other diseases are endemic. The standard of living is highest in Beirut and the Christian parts of Lebanon, which have profited greatly from the savings and experience of the emigrants to the New World.

6

The changes in the economic system are beginning to cause far-reaching changes in the whole social structure. In the larger towns the externals of life are almost wholly modernized. Clothes and foodstuffs, the construction and furnishing of houses and methods of transport all approximate to those in use in Europe. The old externals it is true still linger on; the camel and the motor-car jostle one another in the streets of Damascus. But it is generally recognized, and on the whole without regret, that it is only a matter of time until the old completely disappears. In the small towns and villages of the Christian portions of Lebanon, too, the process of Westernization in externals has gone far. In the smaller towns and countryside of the interior, the change is slower in coming; but motor-cars and roads have prepared the way for it.

The fundamental social forms, however, are slower in changing. The dominant social class is still that of the landowners, who continue to possess a semi-feudal status. No other social class is strong or self-conscious enough to stand against them. The cultivators have little effective power of moving from one estate or region to another; although intelligent, they are too unenlightened to have much effective sense of grievance or capacity for political or economic combination. Only in parts of Lebanon does there exist a considerable number of free and comparatively enlightened smallholders. As yet there is neither an industrial middle

Ec. Warfare S-5 (no date) 1943 MI Middle East
Syria MD1

Within this belt there is a large area of cultivable land still uncultivated, mainly for reasons of shortage of labour, lack of means of communication, and political insecurity. Uncultivated land is generally used for grazing, and in the 'Duck's Bill' the grass grows high enough for hay cutting. At present the cultivated area is some 481,500 hectares (1,188,000 acres), and it is estimated that an area about as large again remains uncultivated.

The population at present numbers 111,300, of which half are Kurds. Owing to its remoteness and unsettled state, there has been no survey and settlement of land title. New land is taken under cultivation under the old Ottoman right by which ownership is acquired if cultivation can be proved for ten consecutive years.

In the Jezira most of the land is held by large cultivators. In the Euphrates province much of the land has until recently been owned by the villagers, but now the land is passing into the hands of city landowners as pump irrigation is introduced (as in Iraq). The pumps and buckets are supplied against payment in kind by the town merchant or moneyed class; wherever irrigation brings more lands under cultivation, the ownership of the extra land is divided equally between the villagers and the suppliers of water.

The system of tenure is the usual share-tenancy; in the Jezira, according to local custom, the landlord takes one-eighth of the crop to pay taxes, and the remainder is shared equally between landlord and cultivator, the proportion being determined by the supply of labour. With the introduction of machinery—there were about thirty tractors in the area in 1942—the division into employer and labourers has developed: the landowner using the tractor on the land and employing wage labour.

Owing to the scarcity of labour, the position of the agricultural labourer in the Jezira area is better than in the rest of Syria. Health conditions, however, are bad: the Kurds suffer from trachoma and villagers in the Kamichlia district from malaria. In the Euphrates region, the position is worse: the agricultural labourer is weak and underfed, living a hand to mouth existence and exploited by all.

Both in the Jezira and in the Euphrates region there is scope

29:Dunn S-4 (1952)1952 MI Middle East
Syria MDI

COTTON IN SYRIA

United States mission estimated that 50 per cent of the land was in fallow during 1948.[21] Increased irrigation and high prices for agricultural commodities have reduced significantly the fallow in the past few years, and the percentage may be less now.

PRODUCTION

Syria is normally self-sufficient in most foods. In fact, the country exports fresh and dried fruits, lentils and other legumes, tobacco, wool, butter, hides, and meat. Occasional poor harvests make it necessary to import food grains.

The greatest deficiency is in rice, which has been displaced by cotton in recent years to such an extent that almost all of the country's requirements must be imported. Last year's bad cotton crop may prompt farmers to revert to rice and, if so, this will reduce the deficiency.

Government figures indicate that production of food has not kept pace with the expansion in population and that the per capita food supply and individual calorie intake are both declining.[22] These conclusions are based on highly conjectural statistics and are in conflict with opinions of the United States Agricultural Attache and Syrian officials who are intimately acquainted with the country's agricultural problems. These observers believe there has been no real decline in food consumption, except possibly for short periods of time. Certainly there is no shortage now, and the bumper cereal crop in 1952 should enable the country to fill domestic needs and export at least 30 per cent of its wheat and possibly 50 per cent of its barley.

The daily diet consists largely of starches, it is true, but this is due more to habit than anything else. The resources of the country are ample to permit a much more balanced diet.

PRODUCTIVITY

Syrian agriculture often is characterized by the low productivity of the agricultural worker. It is obvious that a great many more people are used on each acre of land than is necessary. The low agricultural income is reflected in the obvious poverty of the people. Yet, comparisons with other countries, and even detailed calculations, are of questionable value due to the unreliability of the statistics.

Government reports on average yields also are open to question. Official figures show that wheat yields have dropped sharply, while cotton yields have tended upward, except for the extremely bad year in 1951-52. They also show very wide fluctuation. Experienced observers point out that the yields are especially questionable because both acreage and production figures are not reliable. On the basis of conversations with producers in various sections, it is apparent that yields are normally fairly high and that they fluctuate, depending on water availability and on insect devastation.

POTENTIALITIES

A number of missions which have studied the possibilities of agricultural development in Syria, especially in the last five or six years, all mention the

---

21 *Activities of FAO, 1950-52*, Food and Agriculture Organization of the United Nations, 1952, p. 58.

22 *Development of Food and Agricultural Resources in the Near East*, Food and Agriculture Organization of the United Nations, Rome, November, 1951.

63 Simmons et al G-8 (1941-1951) 1954
M1 Middle East
SYRIA MD1

bul to Baghdad. A railroad also runs from Beirut to Damascus via Rayak. A second line from Damascus to Amman and Ma'an, in Jordan, forms part of the so-called "pilgrim" railway, opened in 1904-06. Air services are available from Damascus and, to a lesser extent, from Aleppo to Beirut and Baghdad, thence to Europe, Africa and the Far East.

Food and Nutrition

The nutritional standards of the people vary markedly in different regions, being highest in the vicinity of Damascus and lowest among the Alawites of Latakia province and the peasants of Hauran and Jebel ed Druz. Undernutrition is common, but generally it is more widespread in the rural villages than in the urban areas. Due to the lack of adequate storage and transportation facilities, local food shortages are frequent, particularly during poor crop years. Up to the present, there has been little organized effort to promote better nutrition among the different population groups. It is expected that such a program will be initiated by the nutrition division created within the governmental health services in 1952.

Cereals constitute the staple foods, and, with certain root vegetables, contribute 70 to 80 per cent of the caloric content of the average diet. Breads prepared from wheat flour are consumed in all parts of the country. Barley is sometimes employed, while maize and sorghum millet are used in the southeast. Rice is universally popular: it is grown in the Al Jazira region, and large amounts are also imported. Broad beans, chick-peas and lentils are basic food items in most areas. Other vegetables, including onions, potatoes, beets, tomatoes, eggplant and the leafy spinach and French lettuce, are abundant in Damascus and Al Jazira provinces, but scarce in Hauran and Jebel ed Druz. Numerous fruits are consumed in season, but the supply is scanty in the Euphrates valley and in the southern provinces. Olives and olive oil are important among most population groups. Milk is

496
509
146
369
[262]
146
654
262

Distribution of Malaria in Syria

sive work has been carried on, in co-operation with the Near East Foundation, in the agricultural districts around Damascus where 224 villages with over 180,000 inhabitants were protected in 1949-50. A marked reduction in the number of cases has been noted in all the areas treated. Successive examinations of over 500 children in 16 treated villages near Damascus revealed a decrease in spleen rates of from 78 per cent in 1950 to 20 per cent in 1951.[8] A malaria control program was inaugurated in the Homs district in 1952, under the auspices of the World Health Organization. *Anopheles sacharovi* and *A. claviger* are the principal vectors in the Damascus region; *A. sacharovi* and *A. superpictus*, in the river valleys in the northeast.

Rickettsial Infections. Localized outbreaks of louse-borne typhus are recurrent during the winter and the spring months, particularly in the congested quarters of the towns and the cities and among the nomadic tribes. Over 1,900 cases were reported in 1942, when the acute shortages associated with the war created conditions conducive to the spread of the infection. Since that date no more than 30 to 95 sporadic cases have been recorded in any one year. Control measures, including deverminization procedures and the immunization of the exposed populations, are enforced by the health authorities in affected areas.

No differentiation is made in the official

October, when the vector sandflies, *Phlebotomus papatasii* and *P. sergenti*, are abundant.

Kala-azar is seldom specifically reported from Syria, but occasional suspected cases have been described from the Jebel ed Druz region. A canine reservoir undoubtedly exists: the causative organisms have been demonstrated in a stray dog captured at el Bab, near Aleppo.[39]

Other Infections. Outbreaks of dengue fever are sporadic in the western provinces where the vector, *Aedes aegypti*, is indigenous. Sandfly fever, transmitted by *Phlebotomus papatasii*, is endemic and sometimes epidemic.

Nutritional Diseases

Undernutrition and subclinical avitaminosis are prevalent, particularly in the rural villages, where poverty and parasitic infections influence the nutritional standards of the people to a greater extent than in the urban areas. Serious nutritional conditions are most obvious among the children of the Bedouin tribes. Minor vitamin C deficiencies are widespread among the inhabitants of the grain-producing areas in the northeastern and the southern provinces. Occasional borderline cases of pellagra are encountered, but beriberi and ariboflavinosis are unusual. Cases of rickets are numerous, especially in the cities and the towns. Protein edema and overt vitamin A deficiencies are relatively rare.

Miscellaneous Conditions

Infectious hepatitis is endemic, and epidemics are sometimes reported. Q fever is enzootic among the sheep and the goats, but the extent of human infection is not known. In a series of complement fixation tests recently performed on blood serums taken from sheep and goats in different parts of the country, positive reactions were obtained in 13 to 63 per cent.[40]

Silicosis and benign pneumoconiosis are

69:Simmons et al G-8 (1961-1951) 1954
MI Middle East
SYRIA MD1

cept in the vicinity of the principal rivers. 312
Domestic supplies are derived from wells, springs or rivers, and sometimes from water holes or rain-water cisterns. Untreated 312 piped water supplies serve all or parts of 364 the larger towns. The municipal supplies of Damascus and Aleppo are controlled for purity, but contamination is frequent in the smaller communities. Sewerage systems are available in the chief cities, but the methods of sewage disposal are generally primitive in towns and villages. The standards of nutrition vary, depending upon the economic and the social conditions in different regions. Undernutrition and subclinical avitaminosis are widespread, but serious deficiency diseases are encountered only among limited population groups. 146

The most prominent disease problems are malaria, trachoma and dysentery, both amebic and bacillary. Enteric fevers, tuberculosis, helminthiasis and skin infections are prevalent. Venereal diseases are widely distributed, while bejel is endemic among the nomadic and the seminomadic peoples of the northeastern provinces. Hookworm infection, schistosomiasis, caused by *Schistosoma haematobium*, and leprosy exist in scattered foci. Localized outbreaks of cholera were reported in 1947-48, the first in 20 years. Vaccination against smallpox is compulsory, but sporadic cases and occasional epidemics are recorded. Outbreaks of louse-borne typhus are recurrent, while sporadic cases are reported almost annually. Small outbreaks of louse-borne relapsing fever have coincided with regional epidemics. Measles and the common respiratory infections are endemic, and frequently epidemic. Cutaneous leishmaniasis, brucellosis, rabies, tetanus, anthrax, dengue fever and sandfly fever are endemic. Meningococcus meningitis, diphtheria, plague, tick-borne relapsing fever and murine typhus are sporadic. Recognized cases of scarlet fever and poliomyelitis are apparently rare. Doubtful cases of tick-borne typhus and kala-azar have been described. 164 757 164

p. 157(B)